



LAND DISTURBANCE PERMIT APPLICATION

For Office use only:

PERMIT # _____

For Office use only:

- ☐ Approved
☐ Approved with Conditions *
☐ Denied *

By: _____

Date: ____ / ____ / ____

* See attached documentation

Address of Site: _____

Date of Application: ____/____/____

Name and address of responsible party*:

Telephone number: ____ - ____ - ____

Name and address of applicant*:
(If different than responsible party)

Telephone number: ____ - ____ - ____

Signature of the responsible party of the site or authorized representative per 401 KAR 5:065, Section 1(11)*:

(PRINTED NAME) (SIGNATURE) (DATE)

Name(s), address(es), of contractors, subcontractors, or person actually doing the land disturbing or land filling activities and their respective tasks (Attach separate sheet if needed).

Telephone number: ____ - ____ - ____
Task: _____

Telephone number: ____ - ____ - ____
Task: _____

Name and address of person responsible for preparation of the SWPPP*.

Telephone number: ____ - ____ - ____

Name and address of qualified inspector(s)* assigned to construction activity. Provide proof of training or certification.

Telephone number: ____ - ____ - ____

Estimate of total construction and maintenance costs for EPSC measures (TIER II SWPPP*). _____